

Norridge Police Department
Accident Review Board

| Date Assigned | Member | Present | Excused | Unexcused |
|---------------|-----------------|---------|---------|-----------|
| 5/1/2003 | Officer Malicki | X | | |
| 7/15/2016 | Corporal Wendt | | X | |
| 10/01/2016 | Officer Smith | X | | |
| 6/28/2017 | Sergeant Rice | X | | |
| | | | | |
| | | | | |

Review Date: July 16, 2017

M/V Crash Incident Number: 201700007667

Officer: Officer Sasiadek #38

Squad: #503

1. Classification I

- a. The incident was NON-Preventable and the employee was not at fault. Caution was apparently exercised.
- b. The employee was legally parked or standing.
- c. The employee was aware of the impending hazard, was alert to the consequences and skillful in minimizing the effect of the hazard.
- d. In incidents the board resolves to be Classification I, no disciplinary action will be taken.

2. Classification II

- a. The employee failed to exercise reasonable and due care.
- b. The employee deviated inexcusably from department rules, regulations, procedures and/or general safety practices.
- c. In incidents the board resolves to be Classification II, disciplinary action recommended may be:
 - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a Defensive Driving Course may be ordered. Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
 - (ii) For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
 - (iii) For a third Classification II finding by the board in a 24 month period, a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed on 2a. Corporal Wendt was excused from the meeting.



NORRIDGE POLICE DEPARTMENT

Employee Warning Notice



Name: Anita Sasiadek Star #: #38 Date: July 17, 2017

TYPE OF VIOLATION

| | | | |
|---------------------------------|--------------------------------|-----------------------------|---------------------------------|
| Attendance | Carelessness | Insubordination | Late Arrival/Early Quit |
| Failure to Follow Instructions | Rudeness Towards Citizens | Willful Damage to Equipment | Personal Business While on Duty |
| Unsatisfactory Work Performance | Violations of Policy/Procedure | X Motor Vehicle Crash | Missing a Court Date |

Date of Violation: July 9, 2017 Time of Violation: 1602

DESCRIPTION OF VIOLATION:

Officer Sasiadek while pulling into the Norridge Police Department Garage at 4020 N. Olcott did strike the garage door damaging the track and the passenger side of car unit 503. The Accident Review committee subsequently found the crash to be classified as 2a. in the Safety Review Board Policy A-22. The employee failed to exercise reasonable and due care.

OFFICER'S STATEMENT:

I agree with the above description I disagree with the above description

My reason is: _____

Officer's Signature

38
Star #

7-19-17
Date

| ACTION TAKEN | DATE | SUPERVISOR NAME & STAR |
|-----------------------|----------|------------------------|
| Verbal Warning | | |
| X Written Warning | 07/17/17 | M. Goduto #101 |
| Disciplinary Write-up | | |

CONSEQUENCES IF VIOLATION OCCURS AGAIN:

A second Classification 2a violation within the next 24 months will result in a 2 day suspension without pay.

I have read and understand this warning;

Officer's Signature / Star#

7-19-17
Date

Supervisor Issuing Warning:

Supervisor's Signature / Star #

7/19/17
Date

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

| | | | | | | | | | | | | | |
|------|----|------|------|------|------|------|-----|------|-----|------|------|-----|-----|
| DRAC | / | PEDV | TRFD | TRFC | WEAT | DRVA | VIS | VEHD | LGH | COLL | MANY | PPA | PPL |
| U1 | U2 | / | 1 | 1 | 1 | 99 | U1 | 99 | U1 | U2 | 1 | 99 | U2 |



* U 1 3 0 2 7 7 9 5 6 *

INVESTIGATING AGENCY

NORRIDGE POLICE DEPT.

ADDRESS NO.

4020

HIGHWAY or STREET NAME

N. OLcott AVENUE

DAMAGE TO ANY
ONE PERSON'S
VEHICLE / PROPERTY

\$500 OR LESS
 \$501 - \$1,500
 OVER \$1,500

TYPE OF REPORT

ON SCENE
 NOT ON SCENE (DESK REPORT)
 AMENDED

A No Injury / Drive Away
 B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.

2017 07667

TRFW

8

(CIRCLE) FT / MI N E S W
(CIRCLE) AT INTERSECTION WITH

(NAME OF INTERSECTION OR ROAD FEATURE)

NAME DRIVER PARKED DRIVERLESS PED PEDAL EQUES NMV NOV DATE OF BIRTH

(LAST, FIRST, MI) SASIADEK, ANITA A.

STREET ADDRESS

4020 N. OLcott AVENUE

CITY

NORRIDGE

STATE

IL

ZIP

60706

TELEPHONE

(708) 453-4770

DRIVER LICENSE NO.

[REDACTED]

STATE

IL

CLASS

D

TAKEN TO

N/A

EMS AGENCY

N/A

NAME DRIVER PARKED DRIVERLESS PED PEDAL EQUES NMV NOV DATE OF BIRTH

(LAST, FIRST, MI)

STREET ADDRESS

[REDACTED]

CITY

[REDACTED]

STATE

[REDACTED]

ZIP

[REDACTED]

TELEPHONE

[REDACTED]

DRIVER LICENSE NO.

[REDACTED]

STATE

[REDACTED]

CLASS

[REDACTED]

TAKEN TO

EMS AGENCY

[REDACTED]

(UNIT) (SEAT)

(DOB)

(SEX)

M

(SAF)

2

(AIR)

4

(INJ)

0

(EJCT)

1

PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)

(HSPI)

(EMS)

(UNIT)

(EVNO)

(MOSD)

435

(EVNT)

[REDACTED]

(LOC)

[REDACTED]

DAMAGED PROPERTY OWNER NAME
VILLAGE OF NORRIDGE

PROPERTY OWNER ADDRESS

(UNIT)

DAMAGED PROPERTY
GARAGE DOOR RAILS
POLICE VEHICLE

(UNIT)

CITY

(UNIT)

ZIP

(UNIT)

PRIMARY

(UNIT)

SECONDARY

(UNIT)

06

(UNIT)

99

(UNIT)

DATE POLICE NOTIFIED

(UNIT)

TIME NOTIFIED

(UNIT)

mo / day / yr

(UNIT)

: AM : PM

(UNIT)

mo / day / yr

(UNIT)

: AM : PM

(UNIT)

COURT DATE

(UNIT)

COURT TIME

(UNIT)

mo / day / yr

(UNIT)

: AM : PM

(UNIT)

DID CRASH OCCUR IN A WORK ZONE? Y N

(UNIT)

IF YES CHECK ONE BELOW:

(UNIT)

 CONSTRUCTION

(UNIT)

 MAINTENANCE

(UNIT)

 UTILITY

(UNIT)

 UNKNOWN WORK ZONE TYPE

(UNIT)

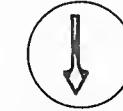
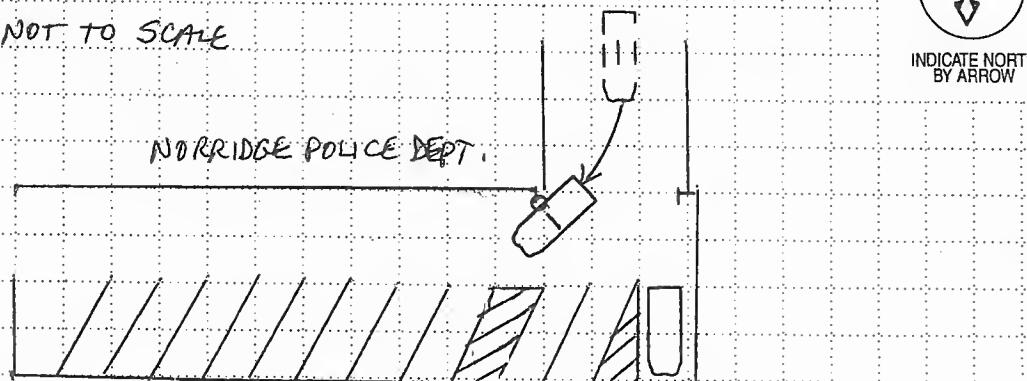
WORKERS PRESENT? Y N

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

U130277956

A Diagram and Narrative are required on all Type B crashes,
even if units have been moved prior to the officer's arrival.

DIAGRAM NOT TO SCALE



INDICATE NORTH BY ARROW

PARKING GARAGE
4020 N. OLcott AVENUE

NARRATIVE (Refer to vehicle by Unit No.)

R10 REPORTS BASIC INFORMATION IN SUMMARY:

DRIVER OF UNIT 1 WAS TRAVELING NORTHBOUND IN A PRIVATE DRIVEWAY BEHIND 4020 N. OLcott AVENUE. DRIVER OF UNIT 1 THEN TURNED NORTHEAST BOUND INTO A PARKING GARAGE AT THAT LOCATION. WHILE TURNING DRIVER OF UNIT 1 STRUCK A FIXED OVERHEAD DOOR RAIL WITH THE PASSENGER SIDE REAR OF UNIT 1. THERE WERE NO REPORTED INJURIES.

LOCAL USE ONLY

U1 Color BLACK

U2 Color N/A

 U1 towed by / to

N/A

 U2 towed by / to

N/A

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____

ILCC NO. _____

Source of above info. Side of Truck Papers Driver Log Book

Gross Vehicle Weight Rating (GVWR) _____

Were HAZMAT placards displayed on the vehicle? Y N

If yes, name on placard _____

4-digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? Y N UNKDid HAZMAT Regulations violation contribute to the crash? Y N UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Y N UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT Y N UNK Out of Service? Y N
MCS Y N UNK Out of Service? Y N

Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? Y NTRAILER WIDTH(S): 0-96" 97-102" >102"
TRAILER 1 TRAILER 2
TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft
TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____